FORM D

PROCESSED

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FINANCIAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

1385	5964
OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	
hours per respo	nse 16.00

SEC USE ONLY							
Prefix	Serial						
1							
DATE RE	CEIVED						
1 1	Ĩ						

Name of Offering (check if th	is is an amendment and name has changed, and indicate chang	ge.)						
- 	u): D Bule 504 D Bule 505 M Bule 506 D Section 4/6	O DUIGE						
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE RECEIVED Received								
i	A. BASIC IDENTIFICATION DATA	CO- 161						
1. Enter the information requested a	about the issuer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Name of Issuer (check if this is ar	n amendment and name has changed, and indicate change.)							
TASTY EATS INC.		No.						
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (including Ama Code)						
4521 Campus Drive, #547, Irvine, C		302-236-7503						
Address of Principal Business Operation (if different from Executive Offices)	ons (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
Brief Description of Business vegetar	rian food products							
	-							
Type of Business Organization ☑ corporation ☐ business trust	☐ limited partnership, already formed ☐ othe ☐ limited partnership, to be formed	er (please 07079174						
- j	Month Year							
Actual or Estimated Date of Incorporat	tion or Organization: 0 8 0 1 🛛 🗖 Ad	ctual Estimated						
Jurisdiction of Incorporation or Organi	ization; (Enter two-letter U.S. Postal Service abbreviation for S	tate:						
	CN for Canada; FN for other foreign jurisdiction	on) DE						
GENERAL INSTRUCTIONS								
Federal: Who Must File: All issuers making an o 77d(6).	offering of securities in reliance on an exemption under Regulation	n D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.						
and Exchange Commission (SEC) on the	no later than 15 days after the first sale of securities in the off earlier of the date it is received by the SEC at the address given belocates registered or certified mail to that address.							
Where to File: U.S. Securities and Exchai	nge Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.							
Copies Required: Five (5) copies of the photocopies of the manually signed copy of	is notice must be filed with the SEC, one of which must be ma or bear typed or printed signatures.	inually signed. Any copies not manually signed must be						
	st contain all information requested. Amendments need only report to material changes from the information previously supplied in Part							
Filing Fee: There is no federal filing fee.								
ULOE and that have adopted this form to be, or have been made. If a state accompany this form. This notice shall notice and must be completed.	eliance on the Uniform Limited Offering Exemption (ULOE) n. Issuers relying on ULOE must file a separate notice with th requires the payment of a fee as a precondition to the clain Il be filed in the appropriate states in accordance with state law	e Securities Administrator in each state where sales are in for the exemption, a fee in the proper amount shall w. The Appendix to the notice constitutes a part of this						
Failure to file notice in the ap	propriate states will not result in a loss of the fec	derat exemption. Conversely, failure to file the						
annronriate federal notice wil	il not result in a loss of an available state exemption	on unless such exemption is predicated on the						

SEC 1972 (6-02) PortInd2-4625878.1 0046001-00002

filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. □ Director Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Leung, Marina Business or Residence Address (Number and Street, City, State, Zip Code) c/o Tasty Eats Inc., 4521 Campus Drive, #547, Irvine, CA 92612 ☑ Director Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Andersen, Stacy M. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Tasty Eats Inc., 4521 Campus Drive, #547, Irvine, CA 92612 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Andersen, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) c/o Tasty Eats Inc., 4521 Campus Drive, #547, Irvine, CA 92612 ☐ Beneficial Owner □ Executive Officer Check Box(es) that Apply: □ Promoter □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter □ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			1										
			<u>. ļ </u>		A. BASIC	IDENTIFIC	CATION DA	TA	····				
2. Enter	the informat	ion requested	for the follo	owing:									
	-	of the issuer,	ſ	_	=	-	-						
		-			•		-		more of a class			the issuer	,
• Ea	ch executive	officer and di	rector of co	rporate issue	ers and of cor	rporate gene	ral and mana	ging partne	rs of partnershi	p issuers; aı	nd		
• Ea	ch general ar	id managing p	partner of pa	artnership iss	suers.								
Check Box	(es) that App	oly:	Promoter	☐ Bene	ficial Owner		Executive C	Micer	☐ Director		eral and/or		
										Ma	naging Par	iner	
Full Name	(Last name f	irst, if individ	lual)										
Business o	r Residence	Address (Nu	mher and S	treet City S	tate Zin Cod	le)							
245111000	, 100,000,000	1000 (110		, 0,, 5		,							
			(Use bl				copies of this		ecessary.)				
				B. 1	<u>NFORMA</u>	TION AE	OUT OFF	ERING					
1 Has i	the issuer s	old or does	 the issuer	intend to se	ell to non-a	ccredited i	nvestors in t	his offerir	ıg?			Yes	No ⊠
1, 1100		ora, or acco	i		•		2, if filing u					_	_
2. Wha	t is the min	imum inves	r									\$	N/A
												Yes	No
3. Does	the offerin	g permit joi	nț ownersi	nip of a sing	gle unit?			*******************				Ø	
									en, directly				
									of securities i				
									EC and/or wi				
		the broker ay set forth							ciated person:	s or such	a broker		
				atton for th	at blokel of	dealer offi	y. NOT A	LICA	,1,12,				
Full Nam	e (Last nam	e first, if in	dividual) 										
			!										
Business	or Residenc	e Address (Number a	nd Street, C	ity, State, 2	Zip Code)							
			1		•	•							
			<u> </u>										
Name of	Associated	Broker or D	ealer										
			}										
States in	Which Pers	on Listed H	as Solicite	d or Intend	s to Solicit	Purchasers			· · · · · · · · · · · · · · · · · · ·				
(Checi	k "All State	s" or check	individual	States)								. □ All :	States
(AL)	(AK)	[AZ]	1	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
(IL)	[IN]	[IA]	[AR] [KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	(MO	-
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	
		ne first, if in		[IV]	[01]	[41]	[477]	[1111]	[11 4]	[**±]	[**+1	- (2.1)	· <u>J</u>
1 uti i vaiii	·												
Business	or Residen	ce Address (Number a	nd Street, C	City, State, 2	Zip Code)					•••		-
					• ,	. ,							
Name of	Associated	Broker or D	ealer								<u> </u>		
		ı											
States in	Which Pers	on Listed H	as Solicite	d or Intend	s to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·				·		
		!										. □ All :	States

[CT]

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[UT]

Fu	ıll Name (Last name firs	t, if individual)										
Bı	usiness or Residence Add	dress (Number	and Street, Ci	ty, State, 2	Zip Code)							_
N	ame of Associated Broke	er or Dealer			 							
_												
St	ates in Which Person Lis											
	(Check "All States" or		·									
	[AL] [AK] [A [IL] [IN] [I	- 1	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) (MI)	[GA [MN]		HI) MS)	[ID] [MO]
-	[MT] [NE] [N	- 1	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK		OR)	[PA]
_[[RI] [SC] [S	D] [TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	7] [WY}	[PR]
			lank sheet, or o						CEEDE			
_	r	C. OFFERING							CEEDS		-	
1.	Enter the aggregate of sold. Enter "0" if and this box and indicate already exchanged.	swer is "none"	or "zero."	lf the trar	nsaction is	an exchar	ige offering	g, check		egate	Ame	ount Already
	Type of Security								Offerin	g Price		Sold
	Debt				•••••				\$	0	\$	0
	Equity				***************************************				\$1,0	000,000	\$	1,000,000
			Common	☐ Preferre	ed							
	Convertible Securit	ies (including w	arrants)						\$	0	\$	0
	Partnership Interest											0
	•	1									_	
	Other (Specify	1								0	2_	0
	Total					***************	••••••	••••••	\$	000,000	\$	1,000,000
2.	Ans Enter the number of a	swer also in Ap	="		-		d securitie	s in this				
_	offering and the aggre the number of persons purchases on the total l	gate dollar amo s who have p	ounts of their urchased sec	purchases	s. For offerd the aggr	rings under	Rule 504,	indicate		mber estors	D	Aggregate ollar Amount of Purchases
	Accredited Investor	·s			*************					18	\$	1,000,000
	Non-accredited Inve	estors .								0	\$	N/A
		ngs under Rule										N/A
	Ans	swer also in Ap	pendix. Colui	mn 4, if fil	ing under U	JLOE.						
3.	If this filing is for an o sold by the issuer, to o first sale of securities in	offering under F date, in offerin	tule 504 or 50gs of the type	05, enter the sindicate	he informated, in the tv	tion request welve (12)	months pri					
	Type of Security									e of urity	Do	llar Amount Sold
	Rule 505									N/A	\$	N/A
	Regulation A	1										N/A
	Rule 504		***************************************		**************					N/A	\$	N/A
	Total									N/A	S	N/A

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PE	ROCEEDS			
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses of the The information may be given as subject to future contingencies. If the amount of an expension to known, furnish an estimate and check the box to the left of the estimate.	n of the	ne г.			
	Transfer Agent's Fees				\$	(
	Printing and Engraving Costs			_	·—	(
	Legal Fees			⊠		8,000
	_				_	8,000
	Accounting Fees					
	Engineering Fees				ъ <u> </u>	(
	Sales Commissions (specify finders' fees separately) Other Expenses (identify)				ъ <u>_</u>	
				_	2—	
	Total	•••••		×	<u>\$</u> _	8,000
5.	b. Enter the difference between the aggregate offering price given in response to Part C — Quest and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be use each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted	gross ed for e and			\$	992,000
	proceeds to the issuer set forth in response to Part C - Question 4.b above.		Payments to Officers, Directors, & Affiliates		P	ayments To Others
	Salaries and fees	□ \$ <u></u>	١.		\$	
	Purchase of real estate				s	
	Purchase, rental or leasing and installation of machinery and equipment	П.S.				
	Construction or leasing of plant buildings and facilities				\$ \$	
		□ Ψ		. 🐸	*	500,000
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another					
	issuer pursuant to a merger)	□ \$		_ 🗆	\$	
	Repayment of indebtedness			⊠	\$	50,000
	Working capital	□ \$		⊠	\$ <u></u>	442,000
	Other (specify):				\$	
		□ \$			\$	
	Column Totals	□ \$_			\$	
	Total Payments Listed (column totals added)		⊠ \$	9	92,00	<u>00</u>
_	D. FEDERAL SIGNATURE					
igr	s issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ru	Commis	ssion, upon writ			
ssu	er (Print or Type) Signature		Date			
	STY EATS INC.		Jun	1	11_	, 2007
	ne of Signer (Print or Type) Title of Signer (Print or Type)			1		
1a	rina Leung President and Chief Executive Officer	-1			400	4 \
	Intentional misstatements or omissions of fact constitute federal criminal vice	olation	ıs. (5ee 18 U.)	J.C.	100	T.)

